

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543022

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45	1					
46						
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	1	↓		↓
TOTAL DEP.	73	←	0	←		←
TOTAL CLAIMS	78		1			